

(THU) 1.24.08 11:18/ST. 11:18/NO. 4863512512 P 1

MD

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER DWIGHT DECKER		Date of This Filing 01/24/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1246413	Report No. 1242008	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY NEWPORT BEACH, CA	STATE CA	ZIP CODE 92660	No. of Pages 1	
		RECEIVED AND FILED JAN 24 2008 DEBRA BOWEN Secretary of State		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008	ALLIANCE FOR CALIFORNIA'S FUTURE (#1302319) R. SANTA MARGARITA, CA 92688	PROPOSITION 93 STATEWIDE/OPPOSE	10,000.00	02/05/2008

Reason for Amendment: _____

FROM

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

1/2

LATE CONTRIBUTION REPORT

NAME OF FILER Strengthening California through Leadership			Date of This Filing <u>01/23/2008</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only <i>RL/1RB</i> RECEIVED AND FILED in the office of the Secretary of State of California JAN 24 2007 DEBRA COHEN Secretary of State
AREA CODE/PHONE NUMBER <u>2134526565</u>	I.D. NUMBER (if applicable) <u>1294232</u>		Report No. <u>000</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Los Angeles</u>	STATE <u>CA</u>	ZIP CODE <u>90017-0000</u>	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/22/2008 	Anshutz Entertainment Group, Inc. Los Angeles CA 90015-0000 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2/2

NAME OF FILER Strengthening California through Leadership		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2007 DEBRA BOWEN Secretary of State	LATE CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1294232	Report No. _____		CALIFORNIA FORM 497
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		For Official Use Only
CITY _____	STATE _____	ZIP CODE _____		
Late Contribution(s) Made			2/2 DEBRA BOWEN Secretary of State	

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008 	Committee for Term Limits and Legislative Reform Act Sacramento ID: 1296108 CA 95814-0000	Limits on Legislators Terms in Office Ballot: Dist: STW	45000.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

MD

PROP 93

1 of 3

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER MUNGER JR., CHARLES THOMAS <i>Charles T Munger Jr</i>		Date of This Filing <u>1/22/2008</u>	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (650) 323-2742	I.D. NUMBER (if applicable) 1277366	Report No. <u>1</u>	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)	Page <u>1</u> of <u>3</u>	
CITY PALO ALTO	STATE CA	ZIP CODE 94301		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

3 of 3

Memo Reference: 1
To oppose Proposition 93.

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 24 2008

DEBRA BOWEN
Secretary of State

MD

Prop 93

1/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER COTCHETT, PITRE & MC CARTHY			Date of This Filing 1/24/2008	RECEIVED AND FILED in the office of the Secretary of State of California JAN 24 2008 <i>R/B</i> DEBRA BOWEN Secretary of State Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (650) 697-6000	I.D. NUMBER (if applicable) 486062		Report No. 2008-1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. 000 (explain below)		
CITY BURLINGAME	STATE CA	ZIP CODE 940100000	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER COTCHETT, PITRE & MC CARTHY		Date of This Filing <u>1/24/2008</u>	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (650) 697-6000	I.D. NUMBER (if applicable) 486082	Report No. <u>2008-1</u>	For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)		
CITY BURLINGAME	STATE CA	ZIP CODE 940100000		
		No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/23/2008 - 1/23/2008	COMMITTEE FOR TERM LIMITS AND LEGISLATIVE REFORM 1296108	LIMITS ON LEGISLATORS' TERMS IN OFFICE Number: 93 Jurisdiction: STATEWIDE	\$100,000.00	2/5/2008

Reason for Amendment:

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

GP Late Contribution Report

Prop 93

1/2

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU Local 721 CTW, CLC Workers Strength Committee			Date of This Filing 01/24/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State 1/2	For Official Use Only R
AREA CODE/PHONE NUMBER 2134526565	I.D. NUMBER (if applicable) 1296889		Report No. 002		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90020-0000	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU Local 721 CTW, CLC Workers Strength Committee		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State For Official Use Only of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1296889	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008 	Yes on 93, Cmte. for Term Limits & Leg. Reform Sacramento CA 95814-0000 ID: 1296108	Statewide Ballot: 93 Dist:	50000.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

GP

PROP 93

1/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.NAME OF FILER
LOCAL 18 WATER AND POWER DEFENSE LEAGUE (18EW)AREA CODE/PHONE NUMBER
(213) 387-8274I.D. NUMBER (if applicable)
744817

STREET ADDRESS

CITY
LOS ANGELESSTATE ZIP CODE
CA 90057Date of
This Filing 1/24/2008

Report No. 4

☐ Amendment
to Report No. 000
(explain below)

No. of Pages 2

RECEIVED AND FILED DATE CONTRIBUTION REPORT

in the office of the Secretary of S
of the State of CaliforniaCALIFORNIA
FORM 497
For Official Use Only

JAN 24 2008 PAB

DEBRA BOWEN
Secretary of State

Page 1 of 2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

GP

2/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER LOCAL 18 WATER AND POWER DEFENSE LEAGUE (IBEW)			Date of This Filing <u>1/24/2008</u>		RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State Page 2 of 2	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 387-8274	I.D. NUMBER (if applicable) 744817		Report No. <u>4</u>			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. <u>000</u> (explain below)			
CITY LOS ANGELES	STATE CA	ZIP CODE 90067	No. of Pages <u>2</u>			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/23/2008	Yes On Proposition S 123456	Reduction Of Tax Rate And Modernization Of Communication Users Tax Number: S Jurisdiction: Los Angeles City	\$100,000.00	2/5/2008
1/23/2008	Committee For Term Limits & Legislative Reform 123456	Limits On Legislators' Terms In Office Number: 93 Jurisdiction: State	\$50,000.00	2/5/2008

Reason for Amendment:

MD

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER William B. Bloomfield, Jr.		Date of This Filing 01/24/2008	RECEIVED AND FILED In the office of the Secretary of State of the State of California JAN 24 2008 <i>HLB</i> DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-643-8491	I.D. NUMBER (if applicable) 494345 <i>494345</i>	Report No. 125101-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Manhattan Beach, CA	STATE CA	ZIP CODE 90256		
No. of Pages 1				

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Alliance for California's Renewal (N1302319) Escho Santa Margarita, CA 92682	Proposition 93 Statewide	250,000.00	

Reason for Amendment: _____

HLB

MD

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER John Moores		Date of This Filing 01/24/2008	RECEIVED AND FILED Date Stamp In the office of the Secretary of of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 858-350-1841	I.D. NUMBER (if applicable) 494091	Report No. 1-2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Diego, CA	STATE CA	ZIP CODE 92130		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Yes on Prop 93 (#1296108) Sacramento, CA 95814	Term Limits Legislation - Constitutional Amendment State of California	15,000.00	02/05/2008

Reason for Amendment: _____

GP

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER			Date of This Filing	RECEIVED AND FILED in the Office of the Secretary of State of the State of California	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
California Dental Political Action Committee - Small Contributor (CalDPAC)			01/24/2008		
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable)		Report No.	142901-15	
916-443-0305	742855		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STREET ADDRESS			No. of Pages	1175	
CITY	STATE	ZIP CODE			
Sacramento, CA	95514				

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008	Monterey Bay and South Bay Committee - Yes on 93 (#1302904) Sacramento, CA 95514	Proposition 93 Statewide	7,000.00	

Reason for Amendment _____

MD

Prop 93

ELECTRONICALLY FILED

Filing Date: 1-24-08

SOS ID No. CA-1305654

Report # 1-P2008 LATE CONTRIBUTION REPORT

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER ALAN & CONSTANCE BUEGER AND ITS AFFILIATE, COVENTRY FIRST, LLC		Date of This Filing 01/24/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 R
AREA CODE/PHONE NUMBER 215-233-5100	I.D. NUMBER (if applicable) 1278357	Report No. 1-P2008		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY FORT WASHINGTON, PA	STATE PA	ZIP CODE 19034	No. of Pages 1	

Late Contribution(s) Made

Hand Delivered, Sacramento
Debra Bowen, Secretary of State

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	YES ON 93, CITIZENS FOR ACCOUNTABILITY AND LEGISLATIVE REFORM (#1299457) c/o BERTOLINA & BARNATO SACRAMENTO, CA 95814 Made by Coventry First, LLC	YES ON 93 BALLOT MEASURE COMMITTEE	15,000.00	02/05/2008

Reason for Amendment: _____

GP

Prop 93

ELECTRONICALLY FILED

Type or print in Ink.
Amounts may be rounded to whole dollars.

CA-1306064

Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER California Credit Union League PAC		Date of This Filing 01/24/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State LJB	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 800-472-1702	I.D. NUMBER (if applicable) 760225	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Rancho Cucamonga, CA 91730	STATE CA	ZIP CODE 91730		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Citizens for Accountability and Legislative Reform (#1299457) Sacramento, CA 95814	Limits on Legislators' Terms in Office Proposition 93; Statewide	10,000.00	02/05/2008
01/24/2008	Yes on 93, Committee for Term Limits & Legislative Reform (#1296108) Sacramento, CA 95814	Limits on Legislators' Terms in Office Statewide Proposition 93	10,000.00	02/05/2008

Reason for Amendment: _____

JAN-24-2008 THU 04:53 PM J. RICHARD EICHMAN CPA FAX NO. 9164421693 P. 01/01

Cand.

Prop. 93

32 of 32

1-31 received
contributions

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Jim Beall for Assembly 2008		Date of This Filing 01/24/2008	RECEIVED AND FILED Date Stamp in the Office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 415-252-3700	ID. NUMBER (if applicable) 1294030	Report No. 2008-01-23		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Jose, CA	STATE CA	ZIP CODE 95129-0000		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/24/2008	Committee for Term Limits and Legislative Reform (#1296108) C/O Assembly Democrats 95129-0000	Limits on Legislators' Terms California	10,000.00	

Reason for Amendment: _____

CP
FILING OFFICIAL: Please endorse the attached copy of this notice and return it in the enclosed, addressed, stamped envelope to Olson, Hagel & Fishburn, LLP.

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Peace Officers Research Association of California Political Issues Committee (PORAC PIC)		Date of This Filing 01/24/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only RIB
AREA CODE/PHONE NUMBER (916) 928-3777	I.D. NUMBER (if applicable) 911908	Report No. LIE-33		
STREET ADDRESS Sacramento		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		
Sacramento	CA	95833		
		No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

OFFICE SOUGHT OR HELD

DISTRICT NO.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

Proposition 93. Limits on Legislators' Terms in Office

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

93

Statewide

X

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
01/24/2008	Slate Mailer	50,000.00
		#2008-0038

Reason for Amendment:

☒ Secretary of State

☐ FEC

☒ Los Angeles County

☒ SF City & County

☒ Sacramento County

☐ City of Sacramento

☐ Alameda County

☐ Fresno County

☐ Merced County

☐ Monterey County

☐ San Joaquin County

☐ Santa Barbara County

☐ Santa Clara County

☐ Santa Cruz County

☐ Solano County

☐ Yolo County

If Other Than Above Please List:

FPPC Form 496 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SM

Prop 93

FILING OFFICIAL: Please endorse the attached copy of this notice and return it in the enclosed, addressed, stamped envelope

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
Date Stamp

JAN 24 2008

CALIFORNIA FORM 498
For Official Use Only

Slate Mailer Late Payment Report

☐ Amendment No. _____
Report No. LP-34

DEBRA BOWEN
Secretary of State
RKB

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

PORAC Official Law Enforcement Voter Guide
AREA CODE/PHONE NUMBER (916) 928-3777
OPTIONAL FAX/E-MAIL _____
I.D. NUMBER 594017

CITY Sacramento STATE CA ZIP CODE 95833

Late Payment(s) Received From:

NAME Peace Officers Research Association of California Political Issues Committee
I.D. NUMBER (if applicable) 911908
ADDRESS _____ CITY STATE CA ZIP CODE 95833
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) _____

NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT ☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION AMOUNT ATTRIBUTED \$

DATE RECEIVED: 1 / 24 / 2008
AMOUNT #2008-0039 \$ 50,000.00

NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT ☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION AMOUNT ATTRIBUTED \$

NAME OF CANDIDATE OR BALLOT MEASURE: Proposition 93. Limits on Legislators' Terms in Office
☒ SUPPORT ☐ OPPOSE

NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT ☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION Statewide
AMOUNT ATTRIBUTED \$ 50,000.00

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION AMOUNT ATTRIBUTED \$

NAME OF CANDIDATE OR BALLOT MEASURE: ☐ SUPPORT ☐ OPPOSE

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OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION AMOUNT ATTRIBUTED \$

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|--|---|--|--|---|---|
| <input checked="" type="checkbox"/> Secretary of State | <input type="checkbox"/> FEC | <input checked="" type="checkbox"/> Los Angeles County | <input checked="" type="checkbox"/> SF City & County | <input checked="" type="checkbox"/> Sacramento County | <input type="checkbox"/> City of Sacramento |
| <input type="checkbox"/> Alameda County | <input type="checkbox"/> Fresno County | <input type="checkbox"/> Merced County | <input type="checkbox"/> Monterey County | <input type="checkbox"/> San Joaquin County | |
| <input type="checkbox"/> Santa Barbara County | <input type="checkbox"/> Santa Clara County | <input type="checkbox"/> Santa Cruz County | <input type="checkbox"/> Solano County | <input type="checkbox"/> Yolo County | |
- If Other Than Above Please List: _____